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CITY COUNCIL, July 17, 1832.

The following Report was received from the Medical Society, on the Letter from the Intendant, on the subject of Cholera.

Resolved, That the same be accepted, and published in the City paper, and that the Intendant be authorized to have 1500 copies printed for distribution among the citizens.

From the Minutes.

WM. ROACH, Clerk of Council.

THE Committee to whom was referred the letter of the Honorable the Intendant of the City of Charleston, requesting the Medical Society to "consider and report such measures as they may deem most advisable and efficient to preserve the health of the city, or to prevent the spread of the Cholera, should it break out amongst us," respectfully submit the following

REPORT:

The preservation of health in a community, is evidently a matter of the highest importance. It is the right and duty of Governments, to establish such municipal regulations as they may deem expedient to prevent the introduction of disease, and to eradicate its causes when they exist. Quarantine and Sanitary laws are enacted by all civilized nations. Such regulations are good evidences of an improved state of society, and of the direct influence of the sciences upon the well-being, and even the existence of nations. Your Committee have, therefore, with pleasure, at the instance of the public authorities, discharged the duties assigned them, and prepared, for public consideration and observance, the following sanitary rules.

1. All municipal regulations of a sanitary nature, within the jurisdiction of the City Council, and of the proper officers on the Neck, should be made fixed laws, and their rigid enforcement enjoined upon every citizen.

2. The number of Commissioners of Health should be temporarily increased; each member should be assigned a special duty; the Commissioners should meet often, and every Committee report regularly. Epidemics are aggravated by the neglect of hygienic rules. The necessity of every man's doing his duty is too apparent to need argument. Neglect must be attended by danger to the community, and disgrace to the individual. At least one physician should be appointed on each committee.

3. All offensive and noxious matter, should be removed from the city. As decomposing vegetable substances are considered peculiarly deleterious to health, it is proper that every yard, garden, and out-building be inspected, and such substances removed therefrom: The large gardens of the wealthy, and the hovels of the indigent, demand particular attention.

4. Low lots ought to be filled up or drained: moist ground exposed to a tropical sun, is a hot bed of disease.

5. Cellars should be well-aired and cleaned. There is a great accumulation of filth in these places, in the alleys and narrow streets. Daily ventilation should be enjoined in good weather. When the water rests long, and the smell is disagreeable, the cellar should be paved or filled up, and the odour removed by frequently using Chlorides of Lime and Soda.

6. If the disease appear in the city, a temporary hospital should be provided. It should be properly furnished, and supplied with carriages, clothes, food, &c. Admission to all hospitals should be facilitated; and the number of Dispensary Physicians increased. The cleansing of cloacae, (common sewers) wells, and old receptacles of filth, should be prohibited during the continuance of the disease.

7. Quarantines upon *clean* vessels should be entirely abolished. All vessels, and particularly those coming from places where Cholera prevails, should be carefully inspected. Those requiring it should be purified.

Your Committee are of opinion, after a diligent and careful perusal of the numerous documents to which they have had access, that the *Epidemic Cholera is not contagious*;—that is to say—there is no animal poison, contained within the system of one affected with Cholera, which is communicable by contact, and without the action of the respiratory apparatus. This opinion, it is respectfully submitted, is clearly established, by the following facts and arguments.

1st. In Europe, arbitrary quarantines, sanitary cordons, and other preventive measures, have been ineffectually imposed by the several governments. When the Emperor of Russia received information that the Cholera was fast depopulating Orenburg, he issued orders, with a view to stop the march of the pestilence. All roads adjoining and leading to St. Petersburg, were guarded by the military; and no person, nor merchandize, was allowed to enter the city from the infected districts. Other parts of the country were protected in the same despotic manner: the barriers were useless: St. Petersburg lost about 5,000 inhabitants. In Prussia, notwithstanding similar precautions were used, Cholera attacked Dantzig, Elbing, Marienburg, Stargard and Derscaw. Poland, unhappy and revolutionized Poland, hemmed in by Russian and Austrian invaders, suffered severely. Notwithstanding the conjoint efforts of contending powers, thousands of her brave sons were rescued from the hands of the ruthless tyrant and oppressor, only to be delivered over to the scourge of disease and death. The duchy of Posen, East Prussia, Gallicia and Silesia, were ravaged by Cholera. They were surrounded by three sanitary lines. Speaking of the approach of Cholera to Berlin, Briere de Boismont, in his "Relation His. et Med. du Cholera, Mor.," says, "Its progress is disputed foot by foot, with all the energy of despair. A last cordon is created on the Oder, composed of the elite of the Prussian Troops, the Guards. Nevertheless, the Cholera entered the Capital early in September. Those who know the Prussian Government, will not doubt that its orders were rigorously enforced. Like measures were taken to protect Vienna, and with similar results."

Austria, Prussia and Russia have repealed all cordon and quarantine laws, declaring them ineffectual, and fraught with mischief to the public. Great Britain and Genoa impose a Quarantine of five days.

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2d. Non-contagion is the doctrine of a vast majority of the Asiatic practitioners; of the British East India Physicians; of the European Physicians; and of the body of the people generally, amongst whom it has been prevalent. The weight of authority is decidedly against contagion.

3d. It is not contagious, or Medical men and their assistants could not have escaped, as they appear to have done.

M. Zoubkoff, chief adjunct in a quarter of Moscow, Deynert, an Assistant Surgeon, Delaunay, a French Physician, M. Emelianoff and M. Istotchnikoff, Students, Jean Stutzer and 32 Assistants, lived in the Hospital, and never contracted Cholera. (*Traite de Chol. Mor. par F. G. Boisseau*, pp. 90, 94.)

The Medical Staff were exempt at Orenburg. (Lichtenstädt, die Assiatische Cholera.)

In the Hospital of Madras, of 101 Medical attendants, only one was attacked. (Madras Report.)

The Calcutta Report says, That of 253 Medical Practitioners in Bengal, three only took the disease. (Rep. on Ep. Cho. drawn by J. Jamieson.)

At Nagpoor, not one of the Medical Staff contracted Cholera; nor was a single Physician or Assistant attacked at Bombay. (See Bengal Report, and Ogilvy's Report, Kennedy, p. 57, confirmed by Surgeons Jukes, Kennedy, p. 81.)

At Berhampore, of 150 patients in the Hospital, only one was affected by Cholera. The Medical Staff were unaffected, (See Trans. Med. and Phys. Soc. at Calcutta, Vol. IV. pp. 277, 278, 280.) So also at Moscow, (See Dr. Alber's Report to the Prussian Government, and Report of Dr. Walker.)

Whyte, Assistant Surgeon in the General Hospital in India, declares that in no instance were Hospital assistants affected. (See Med. Chirur. Trans. xi. p. 143. This is confirmed by Deputy Inspector Farrell's Report at Columbo, in Ceylon, Hawkins, p. 263.) In Riga, says the report of the British Consul, of 78 persons employed in a Hospital, only one was attacked with Cholera. M. Chamberet, one of the French Medical deputation to Warsaw, says, of 100 Medical attendants, but one died. These statements are confirmed by Scot in his Report on the Epid. Cholera, Madras, 1824. At Palamcotta, Cholera patients were crowded into a Hos-

pital already occupied by other patients; the infection did not spread to a solitary individual. (Kennedy's notes on Epidemic Cholera, p. 113.)

These facts fully establish our position: many more might be adduced.

4th. When Cholera prevailed among the native East Indians during their assemblage on the Banks of the Ganges for religious purposes, their dispersion was immediately followed by an arrest and complete extinction of the disease. In 1817, the army of the Marquis of Hastings, consisting of 80,000 men, lost nearly one-tenth of its number by Cholera. The army was stationed on the Banks of the Sinde, at Bundlecund, in Allahabad province, a most unhealthy region. A removal to the high banks and pure air of Betwah at Erich, eradicated permanently the destructive pestilence. It is stated in Alber's Report to the Prussian Government, that when Cholera prevailed at Moscow, 40,000 inhabitants fled from the city, and no case has been recorded elsewhere, as having been introduced by these fugitives. "A large detachment of Troops marched 560 miles: it was exposed to, and left the disease behind three different times, and on none of these occasions, did a single case occur beyond the tainted spot." (See Bell's treatise on Epid. Cholera, p. 91.) During the raging of the Cholera at St. Petersburg, the inhabitants daily visited a small town not 10 wersts distant: not one case of Cholera occurred there. Thorn constantly traded with Warsaw, Dantzig, and other cities, whilst the pestilence raged among them; she did not lose a single inhabitant: Cholera never appeared there. (See M. Prunell's Report to the French Chamber of Deputies, Arch. Gem. pp. 136, 137.) Are not these facts conclusive against the contagiousness of Cholera?

5th. "It is made out by innumerable testimonies that the Cholera is *not communicable* by articles of merchandize, or by any inanimate object." (Alber's Report.) Hawkins, an English writer, states on the authority of the Physicians at Moscow, that convalescents continued to wear the same clothes they wore during the disease, without being subjected to a second attack. (Hist. Epi. Spas. Chol.) Copeland, a contagionist, allows that clothes and merchandize have never produced Cholera; and Dr. Walker, a contagionist of Moscow, says, no case has occurred to prove the possibility of communicating

the disease by goods or clothes. Drs. Smirnor and Litchenstaedt state, that the women who washed for the hospital at Orenburg, were exempt from the disease. F. G. Boisseau and many others distinctly assert, that no instance can be quoted where Cholera was conveyed to a place by any inanimate matter.

If Cholera be contagious, it is communicable by contact: All animal poisons, communicable by contact alone, can be conveyed by inorganic substances to organic beings—as vaccine virus, variola, varioloid, venereal, &c. The general admission by the contagionists, of the fact that Cholera cannot be, and has never been propagated by inorganic substances, is in direct opposition to, and destructive of their theory of its contagiousness.

6th. It is not contagious because it cannot be produced by inoculation, by transfusion of blood, or by tasting the ejections—by sleeping with one diseased, or wearing his clothes after death. At Warsaw, Foy inoculated himself from a person dying of Cholera, infused into his own veins his blood, inhaled his breath, and tasted his ejections. He did not contract the disease. (See his letter to the Royal Academy at Paris, and Gazette Medical, June 25, 1831.) Many others have repeated these experiments with impunity.

7th. It commences by attacking a great many at the same time. This is in direct opposition to the known and acknowledged rules which control the march of all contagious diseases.

8th. It attacks many places very distant and remote from each other, at the same period of time, and without any possibility of previous communication. All persons attacked, ascribe the attack to cold, excess in eating or drinking, violent moral emotions, or some apparent cause besides contagion. The voice of the sick is opposed to the doctrine of contagion.

9th. The laws by which contagious diseases seem to be governed as to the suddenness of attack, symptoms and duration, are at variance with every thing we know of Cholera.

The means to be adopted by individuals to avoid the Cholera, and to mitigate its effects, are next to be considered. The disorder is generated by atmospheric causes. The sudden changes from a high to a low temperature, in our irregular and varying climate, powerfully affect the system. The transitions from heat to cold, are too rapid to be comfortably endured in ordinary seasons. How cau-

tious then should every one be, when pestilence sits brooding on the troubled bosom of the air! As intense heat cannot be avoided.

I. Whilst the Thermometer is high, exposure to currents of cool air should be guarded against.

II. Dwelling houses should be well ventilated. But the change occurring towards daylight, from perfect atmospheric rest, and bodily oppression, to a slightly chilling breeze, and subsequent invigoration, suggests the prudence of sleeping, with most windows in the chambers closed.

III. The night air and dews should be sedulously avoided. Humidity is deleterious to health.

IV. To keep up an equable temperature, is indispensable. The chest, belly, and loins, should be covered with flannel. If it be extremely disagreeable—a cotton jacket may be substituted. If Cholera prevail in Charleston, the whole surface of the body should be enveloped in woollen night and day. Common sense dictates this preventive. European and Asiatic experience sanctions it.

V. The diet should be simple. Moderate eating of digestible food invigorates both mind and body. To gormandize, or partake freely of every savory dish, may delight and tickle the palate, but it is a fruitful source of disease. The best food is the least exciting. Meat plainly cooked is not injurious. Soup, beef, white meat, vegetables easily boiled, ripe fruit, and bread and milk, form the best nourishment. High seasoned dishes, pork, salted and smoked meat and fish, shell fish, cabbage, onions, garlic, greasy aliments, unripe fruit, cucumbers, melons, pastry, sweet meats, peppers, mushrooms, and all rich food and viands, are great stimulants, and should not be indulged in.

VI. Of all drinks, water should be preferred. Old Sherry and Madeira are very grateful to the stomach, and in our climate are not injurious, if temperately used by those accustomed to them. Alcoholic drinks excite too much; they should be abandoned and superseded by light French wines. Persons, however, who have been long habituated in these drinks, should not abstain too suddenly. Tea and coffee are not nutritious: they should be used very sparingly, and only by those in whom the habit is confirmed.

and inveterate. Bad and sour wines, and all fermenting liquors, should be avoided. Drinks should not be colder than fresh spring water. Sobriety is necessary to health. Drunkards are most liable to Cholera.

VII. Personal cleanliness should be particularly observed *by frequent ablutions and bathing.*

VIII. Excessive fatigue of the muscles should be avoided, and temperance in all things observed.

IX. Large popular assemblies should be shunned.

X. The time of burial, &c. should be regulated by Physicians.

XI. If attacked, medical aid should be immediately sought. There is no specific for the cure of Cholera.

XII. Lastly, the minds of all should be tranquil. In consulting the statistical details of the ravages made by Cholera in the large and densely populated cities of Europe, we are struck with the fact, that even amid the squalid haunts of penury and wretchedness, its mortality was by no means so great as is generally imagined. We are satisfied that its mortality would be considerably diminished in this country. Our towns are built with a due regard to public health. Few are so poor that they cannot provide for themselves; employment can always be found, and labour is sufficiently paid. Industry is the pure and never failing fountain of an ample store. Very many epidemic causes which exist elsewhere, engendering and aggravating pestilence in its most hideous forms, are unknown to us. Hence the Cholera must assume a less malignant form in the United States. Useless fears superinduce disease; no personal apprehensions should be lightly indulged. An undaunted and cheerful spirit, the offspring at once of common sense and piety, is the best guardian of health and happiness.

THOMAS HUNT, M. D. *Chairman.*